

JC945  
12/26/01  
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Approved for use through 9/30/00, OMB 0651-0032

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01-04-02

PTO/SB/05 (1/98)

A

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket 7042-4

First Inventor SMALLCOMB

Title System and Method for Timing Recovery in an OFDM System

Express Mail Label No. EK 575129384US

10/98/20/01  
USPTO**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- |  |  |  |
|--|--|--|
| 1 <input checked="" type="checkbox"/>  | Fee transmittal Form<br>(Submit an original and a duplicate for fee processing)  | 6. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )  |
| 2 <input checked="" type="checkbox"/>  | Specification [Total<br><i>(preferred arrangement set forth below)</i> 18]   | 7. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>   |
|  | <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> | <input type="checkbox"/> Computer readable Copy<br><input type="checkbox"/> Paper Copy (identical to computer copy)<br><input type="checkbox"/> Statement Verifying identity of above                      |
| 3 <input checked="" type="checkbox"/>  | Drawing(s) (35 USC 113) [Total Sheets 4]   | 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents)   |
| 4. Oath or Declaration                 | [Total Pages 2]  | 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(where there is an assignee)  |
| a. <input checked="" type="checkbox"/> | Newly executed (original or copy)  | 10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )   |
| b. <input type="checkbox"/>            | Copy from prior Application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)  | 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations  |
|  | [Note Box 5 below]   | 12. <input type="checkbox"/> Preliminary Amendment   |
| i. <input type="checkbox"/>            | DELETION OF INVENTOR(S)<br>Signed Statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   | 13. <input checked="" type="checkbox"/> Return receipt postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>   |
| 5 <input type="checkbox"/>             | Incorporation By Reference (useable if Box 4b is checked)<br>The entire disclosure of the prior application from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.   | 14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application<br><input type="checkbox"/> Statement(s) <input type="checkbox"/> Status still proper and desired |
|  |  | 15. <input type="checkbox"/> Certified copy of priority Document(s)<br><i>(if foreign priority is claimed)</i>   |
|  |  | 16. <input checked="" type="checkbox"/> Other: Fee \$452.00  |

\* A new statement is required to pay small entity fees, except where one has been filed in a prior application and is being relied upon

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information.

 Continuation  Divisional  Continuation-in-part (CIP) of prior application no. /

Prior application information: Examiner:

Group/Art Unit:

**18. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Labelor  Correspondence address below

(Insert Customer No. or Attach bar code label)

NAME	Akerman, Senterfitt & Eidson, P.A.				
ADDRESS	Post Office Box 3188				
CITY	West Palm Beach	STATE	FL	ZIP CODE	33402-3188
COUNTRY	USA	TELEPHONE	561/653-5000	FAX	561/653-5333

Name (Print/Type)	Pablo Meles	Registration No. (Attorney/Agent)	33,739
Signature	<i>Pablo Meles</i>		Date Dec. 26, 2001

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USPTO  
10/036870  
JC932  
12/26/01

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 452

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	SMALLCOMB
Examiner Name	
Group Art Unit	
Attorney Docket No.	7042-4

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- |                        |                    |
|------------------------|--------------------|
| Deposit Account Number | 50-0951            |
| Deposit Account Name   | Akerman Senterfitt |
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- Applicant claims small entity status. See 37 CFR 1.27
2.  Payment Enclosed:  
 Check    Credit card    Money Order    Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	40
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 40

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	740	201 370 Utility filing fee	370
106	330	206 165 Design filing fee	
107	510	207 255 Plant filing fee	
108	740	208 370 Reissue filing fee	
114	160	214 80 Provisional filing fee	
SUBTOTAL (1) (\$ 370			

## 2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
	4		-20** = 4 - 3** = 1	X 42 = 42	= 42

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 42		

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	PABLO MELES	Registration No. (Attorney/Agent)	33,739	Telephone	561 653 5000
Signature	Pablo Meles			Date	Dec. 26, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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